

Appendix 9

Prior Authorization Drug Attachment Completion Instructions For Legend Drugs and Enteral Nutrition Products

Timely determination of prior authorization (PA) is significantly increased by submitting thorough documentation. Carefully complete the appropriate Prior Authorization Drug Attachment (PA/DGA) form, attach it to the Prior Authorization Request Form (PA/RF), and submit it to:

Wisconsin Medicaid
Prior Authorization Unit
Suite 88
6406 Bridge Road
Madison, WI 53784-0088

Wisconsin Medicaid's Policy/Billing Correspondence Unit can answer questions about completing the PA/RF or the PA/DGA. Contact Provider Services at (800) 947-9627 or (608) 221-9883.

Pharmacy staff may complete the PA/DGA form; however, the pharmacist must review the information and sign the PA/DGA form, verifying that the information is accurate.

Recipient Information:

Element 1 — Recipient's Last Name

Indicate the recipient's last name from the recipient's Medicaid identification (ID) card. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Element 2 — Recipient's First Name

Indicate the recipient's first name from the recipient's Medicaid ID card. Use the EVS to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid ID card and the EVS do not match, use the spelling from the EVS.

Element 3 — Recipient's Middle Initial

Indicate the recipient's middle initial from the recipient's Medicaid ID card.

Element 4 — Recipient's Wisconsin Medicaid Identification Number

Enter the recipient's 10-digit Medicaid ID number. Do not enter any other numbers or letters.

Element 5 — Recipient's Age

Indicate the age of the recipient in numerical form (e.g., 21, 45, 60).

Section A — Type of Request

Check the appropriate box indicating whether or not this product has been requested previously.

Section B — Prescription Information

If you complete this section, you do not need to include a copy of the prescription documentation used to dispense the product requested.

Section C — Clinical Information

Include diagnostic information, as well as clinical information, explaining the need for the product requested.

Source for Clinical Information:

Check the appropriate box indicating the primary source used to obtain your information.

Use:

Any of the compendial standards may be used. If an intended use is not in the drug package insert, you want to check the United States Pharmacopeia-Drug Information (USP-DI) (this reference is most inclusive for diagnoses).

If a drug use is not listed in compendial standards, it may still be covered. Therefore, the PA/RF (found in **Appendix 8** of this section) and PA/DGA (found in **Appendices 10 and 11** of this section) must be submitted for processing and denied before you tell a recipient a particular drug is not covered by Wisconsin Medicaid.

Dose:

Any of the compendial standards may be used. If an intended use is not in the drug package insert, you want to check the USP-DI (this reference is most inclusive for diagnosis).

Additional Information Required for Enteral Nutrition Supplements

Use the form found in **Appendix 11** of this section. Check all boxes that apply. Complete this section only when an enteral nutritional supplement is requested.

Signature of Pharmacist

The pharmacist must review the information and sign the PA/DGA form, verifying that the information is accurate to the best of his or her knowledge.